



- D. List three people with titles, addresses and phone numbers, not associated with your organization, who could serve as references on the quality of your organization's work.
- E. Other than funding, what is the greatest challenge facing your organization in the coming year? How do you plan to address this challenge?
- F. ATTACHMENTS: Please label all attachments to correspond to the following numbers and headings.
1. ANNUAL OPERATING BUDGET OF ORGANIZATION: Attach organization's operating budget for the most recently completed fiscal year and the current fiscal year. Explain any recent deficits or dramatic changes in funding; if applicable, discuss contingency plans for expected changes in funding this fiscal year or next.
  2. A copy of your most recent IRS 501 (C) (3) DETERMINATION LETTER indicating your organization's tax exempt status or, if not available, an explanation.
  3. A copy of your most recent AUDITED FINANCIAL STATEMENT, FEDERAL FORM 990 including Schedule A, and your organization's Certificate of Good Standing from Hawaii's Department of Commerce & Consumer Affairs, if appropriate.
  4. Your most recent ANNUAL REPORT.
  5. No more than three recent articles or evaluations of programs administered by your organization.

## II. PROJECT INFORMATION:

### A. PROJECT TITLE:

### B. PROJECT ABSTRACT: (No longer than 150-200 words)

The "Project Abstract" briefly should describe the project's significance or primary purpose, the problem(s) to be addressed, and the strategy to accomplish the stated goal(s).

### C. PROJECT NARRATIVE:

The "Project Narrative" should elaborate on your abstract by providing a more comprehensive description of your proposal in response to the following instructions. It should be no longer than FIVE pages. Please label all attachments to correspond to the appropriate numbers and headings.

Applicant must disclose the extent to which the project includes an activity which is presently funded, as well as the source of, and adequacy of such funding.

#### 1. APPROACH/IMPACT:

- Describe, with specificity, how the project will effectively benefit Hawaii consumers who purchased vitamins or products containing vitamins by improving the health and/or nutrition of the citizens of Hawaii and/or by advancing nutritional, dietary or agricultural science.
- Discuss the population you plan to serve, the geographic location, and how the population will benefit from the project. If possible, estimate the numbers of people affected.
- Explain the strategies you will employ to implement the project and the reason for this approach.
- Describe any unusual features of the project, technological innovations or extraordinary social and community involvement.

- Indicate support for the project from those affected.
- Discuss the project's potential obstacles and limitations and outline any reasonable solutions.
- Provide a time line for accomplishing the project.
- Explain your plan to sustain the project's results after the fund award expires.

## 2. ORGANIZATIONAL CAPABILITY:

- Document your organization's experience, management and financial capability to design and implement the project.
- Discuss any past efforts to launch and accomplish a similar project.
- Provide a proposed staffing pattern for the project with stated responsibilities, including the names, titles and resumes of key individuals, if available.
- Explain whether your organization will collaborate with any other organization(s) to implement this proposal. List any consultants or other key individuals who will work on the project with a short description of their anticipated contribution.

## D. PROJECT EXPENSES:

Please complete the attached Project Budget Summary and the Project Budget Detail Worksheet/Narrative.

## E. ASSESSMENT:

Identify the methodology you will use to evaluate the project, including key performance indicators to measure the project's success. (No more than one page).

### III. CERTIFICATIONS:

#### A. PRIVACY CERTIFICATE

Each organization receiving a fund must have an established privacy policy for protecting the confidentiality of personally identifiable information or "private information."

I hereby certify that \_\_\_\_\_ maintains a privacy policy that, at a minimum:

- restricts the use and/or disclosure of "private information" to the purpose for which it was obtained; requires the person's consent for other uses or disclosures;
- limits access to "private information" to those employees with a need to fulfill the purpose for which it was obtained; and
- provides adequate precautions to ensure administrative and physical security of "private information."

#### B. FUNDING CERTIFICATE

I hereby certify that one of the following statements is true and correct for the project set forth in this application:

- ☐ The project does not include any activity which is presently funded, and no activity in the project will be funded unless funds are received from this fund program.
- ☐ The project includes an activity which is presently funded, and the funds received from this fund program will be used only to fund shortfalls in the existing funding, and not to supplant some or all of such existing funding.

C. CIVIL RIGHTS CERTIFICATE

I hereby certify that \_\_\_\_\_ prohibits discrimination on the basis of race, color, national origin, religion, creed, age, sex, disability or sexual orientation in its employment practices and in the delivery of services.

\_\_\_\_\_  
Signature of official of organization

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date

D. DECLARATION

I hereby declare under the penalty of perjury that the information contained in this application and the attachments thereto are accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Person Completing Application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Notary